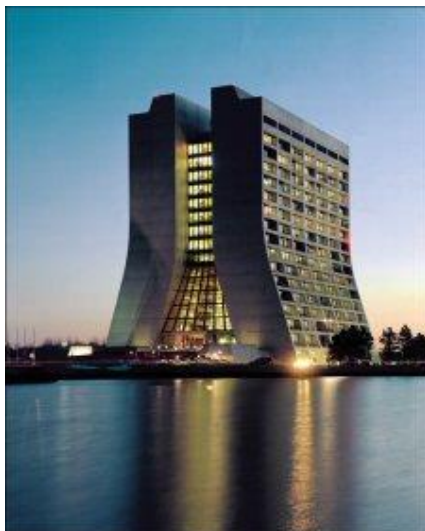


2015 Benefits Enrollment Guide

October 2014



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2015 Open Enrollment - October 17 to 30

Fermilab provides employees with a comprehensive and affordable benefits program that includes medical, prescription drug and dental insurance; life insurance; income protection; and retirement benefits. Open Enrollment is your opportunity to make changes to your coverage for the upcoming year.

Open enrollment is a passive enrollment, so you are not required to re-enroll in your medical and dental insurance benefits, but you may need to change your coverage tier as described below.

Coverage tiers are changing! In 2015 Fermilab will offer a four-tier rate structure for medical and dental coverage. The new tiers are listed on page 3, along with the new employee rates. If you have single coverage now and do not wish to change, no changes are required. **If you have family coverage in 2014 you will be required to enroll in the correct family tier (we now have three family tiers) for 2015 using FermiWorks during open enrollment.**

Flexible Spending participation requires re-enrollment every year. If you would like to keep your 2015 medical and dental plan elections the same as 2014 but enroll in Flexible Spending for 2015, you will need to complete the 2015 Open Enrollment event in **FermiWorks**.

If you are unsure about your current benefit plan selections, you can check them by signing into **FermiWorks**. You can access your 2014 elections from the benefits "worklet" on the **All About Me** page or the Home page in **FermiWorks**. Your login ID is your services ID. If you don't know your **FermiWorks** password, click on "forgot password" and you will be emailed a new password.

For detailed instructions about how to access your benefits enrollment information in FermiWorks, see pages 12-13 of this booklet

Open Enrollment Informational Meetings

Attend an employee informational meeting to learn more about the 2015 changes and programs offered by Blue Cross Blue Shield, and to see a **FermiWorks** demonstration.

Meeting Schedule	
Date	Time & Location
Mon 10/20	10:00 a.m. WH1 One West
Tue 10/21	11:00 a.m. Hornet's Nest – WH8X 2:00 p.m. Bldg 327/CDF – The Big Room
Wed 10/22	1:00 p.m. - Bldg 327/CDF – The Big Room
Fri 10/24	10:00 a.m. and 1:00 p.m. – WH2 Curia II
Mon 10/27	11:00 a.m. – WH2 Curia II
Tue 10/28	10:00 a.m. and 1 p.m. – WH2 Curia II
Wed 10/29	10:00 a.m. and 1 p.m. – WH1 One East

Benefits Program Overview

Most benefit plans are available to all regular full-time and part-time employees who are scheduled to work at least 20 hours weekly. The 401(a) plan and the long-term disability plan have special eligibility rules. Please refer to the Summary Plan Descriptions at <http://wdrs.fnal.gov/benefits/spds.html> for specific eligibility requirements.

Health and Welfare Plans

Benefit Plan	Coverage Options
Medical (including prescription drugs)	Blue Cross/Blue Shield of Illinois PPO Plan Blue Cross/Blue Shield of Illinois PPO Premium Plan Blue Cross/Blue Shield of Illinois Blue Advantage HMO
Dental	CIGNA Dental PPO CIGNA Dental Care HMO
Health and Wellness Programs	Blue Extras Program Fermilab offers a variety of health, wellness, fitness, recreational and discount programs for employees. See http://wdrs.fnal.gov/wellness
Flexible Spending Accounts	Healthcare and Dependent Care Spending Accounts Contribute up to \$2,500 pre-tax annually to an account to pay for eligible health care and up to \$5,000 for dependent care expenses
Life and Accident Insurance	Basic Life Insurance and Accidental Death & Dismemberment (AD&D) paid by Fermilab Supplemental and Dependent Life Insurance for you and your family are optional employee-paid benefits
Disability Insurance	Long-term disability replaces 60% of your salary if you are unable to work due to disability. Not all categories of employees are eligible. Six-month eligibility and waiting periods apply

Retirement Plans

Benefit Plan	Plan Summary
401(a) Plan	Fermilab contributes 10% of your salary to your retirement plan investment account after you meet certain eligibility requirements
403(b) Plan	You may defer a portion of your salary pre-tax to a retirement savings investment account See page 9 of this booklet to learn about coming changes to your 401(a) and 403(b) retirement savings investment options.

Other Benefits

Long-Term Care Insurance
Tuition Reimbursement
Employee Assistance Program

This booklet provides a summary of the benefit plans available to active employees of *Fermi Research Alliance, LLC (FRA)*. In the event that the content of this booklet or any oral representations made by any person regarding the FRA employee benefit plans and programs conflict with or are inconsistent with the provisions of the governing plan documents, the provisions of the plan documents are controlling. FRA reserves the right to amend, modify, suspend, or terminate any benefits in whole or in part at any time and for any reason. Nothing in this document creates a guarantee of current or future benefits or financial contributions/subsidies.

What's Changing in 2015?

Beginning January 1, 2015 you will notice a few changes to the medical and dental plans:

- Recent changes to the laboratory's contract with the Department of Energy require that we restrict eligibility for our benefits to employees scheduled to work a minimum of 20 hours per week. Beginning January 1, 2015, only those part-time employees scheduled to work 20 hours per week or more will be eligible for medical or dental coverage.
- The benefits change most frequently requested by employees is the addition of more family coverage tiers in the medical and dental plans. Historically, Fermilab has offered only two tiers: single and family coverage. In response to this feedback, a four-tier rate structure will be implemented in the medical and dental plans in 2015. You will see the new rate tiers in the chart below.
- The Patient Protection Affordable Care Act (PPACA) requires prescription drug co-payments to apply to the medical out-of-pocket maximum in our plans.
- Cigna will be implementing a new fee schedule in the **dental HMO**. This allows FRA to offer the dental HMO at a lower cost for most coverage tiers.
- All open enrollment changes will be processed electronically via **FermiWorks**.

Effective January 1, 2015, the Patient Protection Affordable Care Act (PPACA) requires that prescription drug co-pays apply toward the medical out-of-pocket maximum. There will be no increase in the plan out-of-pocket maximum in 2015.

More About the New Four-Tier Rates:

Q. Why did the cost for single medical coverage increase?

A. There are several reasons:

- The cost to provide medical coverage will increase next year. When the total cost increases, your share of the cost for the plans increases.
- The single and family coverage rates were set many years ago by Cigna for the PPO and by Blue Cross for the Blue Advantage HMO. The ratio of the Single and Family tiers remained fixed, although the characteristics of our population have changed over time.
- In 2015 we asked Blue Cross to re-evaluate the distribution of our costs across the tiers, in addition to adding the new family tiers.
- The new tiers reflect both the increase in the cost of the plan, and the redistribution of cost across tiers, which better reflects the demographics of today's covered employees and the costs associated with each tier.

2015 Coverage Tier	Blue Advantage HMO	Blue Cross PPO	Blue Cross PPO Premium
Single	\$ 154.12	\$ 166.51	\$ 185.58
Employee & Spouse	\$ 296.55	\$ 327.06	\$ 340.42
Employee & Child(ren)	\$ 284.26	\$ 313.86	\$ 326.68
Family	\$ 440.98	\$ 485.60	\$ 505.43

CIGNA Dental PPO	CIGNA Dental HMO
\$ 11.62	\$ 8.94
\$ 32.88	\$ 17.57
\$ 42.00	\$ 22.45
\$ 60.37	\$ 32.27

Medical Plans

MEDICAL PLAN HIGHLIGHTS	Blue Cross Blue Shield IL PPO	
	IN-NETWORK	OUT-OF-NETWORK
CALENDAR YEAR PLAN DEDUCTIBLE (paid once in a calendar year)		
Individual	\$300	\$550
Family (maximum)	\$900	\$1,650
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (includes deductible, medical & prescription drug co-pays)		
Individual	\$1,800*	\$3,550*
Family (maximum)	\$5,400*	\$10,650*
PHYSICIAN CHARGES (co-pays apply to the out-of-pocket maximum)		
Primary Care	\$20 Co-pay	80% after deductible
Specialist	\$30 Co-pay	
DIAGNOSTIC X-RAY AND LAB TESTS		
Billed by Dr. Office	\$20 Co-pay	80% after deductible
Billed by Other than Dr. Office	90% after deductible	80% after deductible
HOSPITAL		
Inpatient	90% after deductible	80% after deductible
Emergency Room	90% after deductible	
Urgent Care	90% after deductible	
SURGERY		
Inpatient	90% after deductible	80% after deductible
Outpatient	90% after deductible	80% after deductible
PREVENTIVE SERVICES		
Annual Physical Exam	100%	Not Covered
Immunizations and Inoculations	100%	Not Covered
Eye Exams	Blue 365 discount program	Not Covered
Discounts on Glasses		
MENTAL HEALTH/SUBSTANCE ABUSE		
Office Visits	\$20 Co-pay, 100%	80% after deductible
Hospital Inpatient	90% after deductible	80% after deductible
PRESCRIPTION DRUGS (co-pays apply to the out-of-pocket maximum)		
	IN-NETWORK	OUT-OF-NETWORK
Generic In-Network	\$10 co-pay retail (31 day supply)	80% after \$50 deductible
	\$20 co-pay mail order (90 day supply)	
Preferred Brand	\$20 co-pay retail (31 day supply)	80% after \$50 deductible
	\$40 co-pay mail order (90 day supply)	
Non-Preferred Brand	\$40 co-pay retail (31 day supply)	80% after \$50 deductible
	\$80 co-pay mail order (90 day supply)	

***Effective January 1, 2015, PPACA mandates the prescription drug co-pays apply to the out-of-pocket maximum in 2015.**

Blue Cross Blue Shield IL PPO Premium		BLUE ADVANTAGE HMO
IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
N/A	\$350	N/A
N/A	\$1,050	N/A
Co-pays where applicable	\$3,350*	\$1,500*
Co-pays where applicable	\$7,050*	\$3,000*
\$20 Co-pay	70% after deductible	\$15 Co-pay
\$30 Co-pay		\$25 Co-pay
100%	70% after deductible	100%
100%	70% after deductible	100%
\$200 Co-pay	70% after deductible	\$250 Co-pay
\$100 Co-pay		\$75 Co-pay
\$100 Co-Pay		\$15 Co-pay (In Medical Group)
100%	70% after deductible	100%
\$100 Co-pay, 100%	70% after deductible	\$50 Co-pay
100%	Not Covered	100%
	Not Covered	100%
100%/24 mos.	Not Covered	100%/12 mos. Davis Vision Provider
Blue 365 discount program	Not Covered	\$75 Allowance/ 24 mos.
\$20 Co-pay	70% after deductible	\$15 Co-pay, 100%
\$200 Co-pay, 100%	70% after deductible	\$250 Co-pay, 100%
IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK
\$10 co-pay retail (31 day supply) \$20 co-pay mail order (90 day supply)	80% after \$50 deductible	\$10 co-pay retail (31 day supply) \$20 co-pay mail order (90 day supply)
\$20 co-pay retail (31 day supply) \$40 co-pay mail order (90 day supply)	80% after \$50 deductible	\$20 co-pay retail (31 day supply) \$40 co-pay mail order (90 day supply)
\$40 co-pay retail (31 day supply) \$80 co-pay mail order (90 day supply)	80% after \$50 deductible	\$40 co-pay retail (31 day supply) \$80 co-pay mail order (90 day supply)

***Effective January 1, 2015, PPACA mandates the prescription drug co-pays apply to the out-of-pocket maximum in 2015.**

Dental Plans

DENTAL PLAN HIGHLIGHTS	CIGNA DENTAL CARE PPO PLAN		CIGNA DENTAL CARE HMO PLAN
Primary Care Dentist Selection	Not Required		Required
Calendar Year Deductible	Individual \$50	Family \$150	None
Calendar Year Maximum	\$ 2,000 per person (Includes both in- and out-of-network services)		No Dollar Maximum
PROCEDURE	IN-NETWORK	OUT-OF-NETWORK*	PARTICIPANT RESPONSIBILITY
Class I - Preventive and Diagnostic Care (frequency & age limitations apply)			
Oral Exams, Cleaning, Bitewing X-rays, Panoramic X-Rays, Sealants	No Charge	No Charge	No Charge
Class II - Basic Restorative Care			
Fillings –Amalgam	80% after deductible	80% after deductible	No Charge
Root Canal	80% after deductible	80% after deductible	Fee Schedule**
Class III - Major Restorative Care			
Crowns, Dentures and Bridges	50% after deductible	50% after deductible	Fee Schedule**
Surgical Implants	50% after deductible	50% after deductible	Not Covered
Class IV - Orthodontia			
Benefit Maximums	\$1,500 Lifetime	\$1,500 Lifetime	Maximum Benefit of 24 Months
Who is covered	Dependent Children to Age 19	Dependent Children to Age 19	Dependent Children up to Age 19 and Adults
Orthodontic Treatment	50%	50%	Separate Treatment Fee and Charge Per Month
Periodic Treatment Visit			Subject to Treatment Fee Schedule**
General Anesthesia	General anesthesia is covered when performed by an oral surgeon when medically necessary for covered procedures. Sedation is covered when performed by a periodontist or oral surgeon when medically necessary for covered procedures.		

*Out-of-network services are subject to reasonable and customary allowances.

** New fee schedule applies in the Dental HMO in 2015. Review the benefits webpage for more detail.

Flexible Spending Accounts

A Flexible Spending Account (FSA) allows you to set aside money for eligible expenses on a pre-tax basis. There are two types of FSAs available: a healthcare account and a dependent care account.

A healthcare account reimburses you for out-of-pocket medical, dental, prescription or vision services including deductibles, copays and co-insurance for you and your eligible dependents. **The annual limit for the healthcare account is \$2,500.**

A dependent care account reimburses you for expenses such as day care, before and after care programs for children under 13, nursery school, preschool, summer day camp, and adult day care. **The annual limit for the dependent care account is \$5,000.**

You may designate your contribution only during open enrollment or when you first become eligible. Once you establish your contribution amount, you may change it only if you experience a qualified family status change or life event. **To participate in the FSA, you must enroll each year during open enrollment.**

Fermilab's FSA program is administered by PayFlex. You may apply for reimbursement online, via mail or fax, or use the convenient PayFlex debit card to pay for eligible health care expenses. Any claims incurred during the plan year must be submitted for reimbursement by April 30 of the following year.

Benefit Plan Contacts

Product/Plan	Contact	Location	Phone Number	Email/Web Address
Blue Cross Blue Shield of IL PPO & PPO Premium PPO- Group Number P56727 PPO Premium - Group Number P56733	BCBS of IL	Customer Service	800-548-1686	www.bcbsil.com
Prescriptions (BCBS IL PPO & PPO Premium) Retail Mail Order	Prime Therapeutics Prime Mail	Customer Service	800-423-1973 877-357-7463	www.myprime.com
Blue Advantage HMO Group Number B51346	Blue Cross/Blue Shield of IL	Customer Service	800-892-2803	www.bcbsil.com
Prescriptions (HMO) Retail Mail Order	Blue Cross Walgreens	Customer Service	800-892-2803 800-275-7204	
Vision Care	Davis Vision	Customer Service	877-393-8844	www.bcbsil.com
Cigna Dental Plans Group Number 3208852 Dental PPO Dental HMO	CIGNA CIGNA	Customer Service Customer Service	800-CIGNA24 800-CIGNA24	www.cigna.com
Flexible Spending Accounts Group# 121378	Jennifer Gondorchin PayFlex	Fermilab Benefits Office FSA Processing Unit	630-840-4361 800-284-4885	jgondo@fnal.gov www.HealthHub.com
Life Insurance Policy Number FLX 960346	Ann Marie Matthei	Fermilab Benefits Office	630-840-3395	amatthei@fnal.gov
Retirement Plan - 401(a)	TIAA-CREF	Service Center	800-842-2273	www.tiaacref.org
Supplemental Retirement Plan - 403(b)				
	Dreyfus	Service Center	800-358-0910	www.dreyfus.com
	Fidelity	Service Center	800-343-0860	www.fidelity.com/atwork
	TIAA-CREF	Service Center	800-842-2273	www.tiaa-cref.org
	T. Rowe Price	Service Center	800-492-7670	www.troweprice.com
CNA - Long Term Care Plan	CNA	Service Center	800-932-1132	www.cna.com
Retiree Medical	OneExchange	Service Center	855-241-5721	www.medicare.oneexchange.com/fermilab

When You May Enroll in Your Benefit Plans

As a new employee

Medical, dental and life insurance begin on your first day of employment, provided you complete a New Hire event in FermiWorks **within your first 31 days of employment**. If you miss this deadline, open enrollment will be your next opportunity to enroll.

Within 31 Days of a qualified family status change or life event

If you have a **qualified family status change**, as defined by the IRS, you may add or drop coverage for you and/or your dependents mid-year. The change you make must be consistent with the family status change event. Examples of **qualified family status changes include**:

- Marriage or acquiring a civil union partner
- Birth, adoption or receiving legal custody of a child
- Death of a spouse, civil union partner or dependent
- Your dependent becomes ineligible for coverage
- Spouse or civil union partner gains or loses coverage through his or her job
- You change employment status from benefits ineligible to eligible or vice versa.

During open enrollment

Each fall, you have the opportunity to make changes to your benefit choices for the upcoming calendar year.

This year, we are conducting a passive enrollment for medical and dental insurance coverage. This means:

- If you want to **keep your current medical and dental insurance coverage** in 2015, you do not need to do anything unless you want to **move to a different coverage tier**. You will need to submit an **open enrollment event in FermiWorks with the correct 2015 coverage tier**.
- If you want to **change your medical and/or dental coverage**, you must complete your open enrollment event in FermiWorks by October 30, 2014.
- Participation in **Flexible Spending Accounts requires re-enrollment every year**. You can enroll in Flexible Spending Accounts using the open enrollment event in FermiWorks.
- Supplemental life and dependent life insurance enrollments or changes are allowed any time; **however, any life insurance election made after your first 31 days of employment requires evidence of good health**. If you wish to change your life insurance coverage, please submit a change voluntary life insurance event in FermiWorks and submit the evidence of insurability to the Benefits Office.
- Any enrollment in or change to **long-term care insurance** after your first 31 days of employment or enrolling a family member requires medical underwriting. Contact the Benefits Office for more information.

When I Can Make Benefit Plan Changes

Plan	Plans I can change at open enrollment	Plans I can change during a life status change	Plans I can change any time
Medical	Yes	Yes – within 31 days	No
Dental	Yes	Yes – within 31 days	No
FSA	Yes	Yes – within 31 days	No
Basic Life	N/A – auto enroll if eligible		
AD&D	N/A – auto enroll if eligible		
LTD	N/A – auto enroll if eligible		
Supplemental Life	N/A	Yes – Evidence of Insurability is required outside initial enrollment period	
Dependent Life	N/A	Yes – Evidence of Insurability is required outside initial enrollment period	
Long-Term Care	N/A	Yes – Evidence of Insurability is required outside initial enrollment period	
401(a)	N/A – auto enroll if eligible		
403 (b)	May be changed any time.		Yes – complete 403(b) event in FermiWorks

Changes Coming to Retirement Savings Plans in February

The laboratory is committed to helping employees prepare financially for their retirement years. Part of this commitment is ensuring that the retirement plans offer well diversified investment options, that the fees employees pay to invest are as low as possible, and that all costs are transparent. We recently completed a comprehensive review of the retirement savings plans, which included evaluating plan investment options, recordkeeping services, and the educational and planning tools available to employees.

After a comprehensive search and selection process, the laboratory will be making certain changes to retirement plans beginning in **February 2015**:

- We will introduce a **new menu of well-diversified investment options** in our retirement plans. These investment options are best in class, from a variety of mutual fund managers and offered with the lowest possible fees. Over time, lower fees will increase your investment return.
- For employees who wish to have a wider choice, **a mutual fund brokerage option** will be added to the 401(a) and 403(b) plans. This will give employees the opportunity to access thousands of additional mutual funds.
- **Fidelity Investments® was selected as the sole provider of retirement savings plan administration and recordkeeping services.** The move to Fidelity will streamline plan administration, leverage the lab's organizational purchasing power and greatly reduce administration costs.
- **Fidelity will be providing administrative and educational services only.** The new investment menu is not limited to Fidelity's family of mutual funds.
- There will be **no change to the 401(a) contribution amount.**
- As of the publication of this guide, we have no new information about how much the 2015 maximum contribution allowed to the 403(b) plan will be. In 2014, the limit is \$17,500 annually, plus up to \$5,500 in catch-up contributions for participants age 50 or older.

These retirement plan changes will take a few months to implement. During that time, we will hold onsite town hall meetings and Fidelity will provide **onsite, one-on-one support for all employees**. You will receive additional communication materials via all-hands emails and materials mailed to your home. Additional communication and information will include:

KEY DATE	WHAT'S HAPPENING
November 3, 2014	Announcement letter mailed, which explains what is changing, why these changes are taking place, and how you will be affected.
October 27, 2014	Fidelity's Transition Website opens. Use this website to learn more about the changes coming in our plans, learn about the new investment menu, and schedule one-on-one meetings with a Fidelity consultant beginning in December.
November 24, 2014	Transition Guide mailed. Learn about the new investment menu and how the transition will affect investments with current service providers (TIAA-CREF, Dreyfus, T. Rowe Price and Fidelity). Review a detailed timeline of what will happen when.
December 1, 2014	Investment election window opens. Use Fidelity's Netbenefits website , customized for Fermilab, to make investment elections for future contributions and any balances moving to the new investment line-up. You can also change 403(b) plan deferrals for future contributions, and designate your beneficiaries.
December 1, 2014 - January 31, 2015	Join one of many town hall meetings and educational workshops scheduled to provide more information about these important changes to your plans and what actions you will need to take.
February 2, 2015	Attend an onsite, one-on-one consultation with a Fidelity consultant , who will help explain what the transition means to you, and help you choose your future investments. On-site one-on-one support will continue after February 2.
	Effective date of changes in investment line-up and service providers. All payroll deferral contributions will be directed to the new line-up administered by Fidelity Investments.

Retiree Medical Plan Changes Coming in January

Fermilab recognizes the importance of healthcare coverage for retirees and has sponsored a retiree medical plan for many years. We continually evaluate plan offerings with the goal of providing cost effective benefits that make sense for both the laboratory and retirees. As a result of this evaluation, medical and prescription drug benefits will change for Medicare-eligible retirees and covered dependents beginning January 1, 2015.

Fermilab is partnering with **OneExchange**, a wholly owned subsidiary of Towers Watson to assist Medicare-eligible retirees in making an informed decision about their continued healthcare coverage. OneExchange will provide retirees with personal support and guidance to help them choose an appropriate healthcare plan and enroll in their coverage. Fermilab will provide the retiree and their family with a **Health Reimbursement Account (HRA)**, **funded with \$2,100 annually** per person to help cover the costs of the plans they choose.

Under this new arrangement with OneExchange, retirees will have greater flexibility to manage their individual health care costs by selecting from a variety of Medicare supplement (Medigap), Medicare Advantage or prescription drug plans offered by multiple insurance carriers with premiums that are tailored to their specific needs and budget. These carriers serve the Medicare market in your geographic area. Retirees who enroll in a plan through the OneExchange program are guaranteed issue of a healthcare insurance policy. **These individual plan options will replace the Blue Cross/Blue Shield of Illinois PPO and HMO plans that Fermilab currently offers to Medicare-eligible retirees. The new coverage will take effect beginning January 1, 2015.**

The healthcare plans available through OneExchange do not guarantee the future enrollment of retirees who have deferred coverage for themselves or family members. Therefore, the Fermilab retiree medical plan will no longer contain a provision for deferring coverage.

Stay Connected with Upcoming Benefits Changes by visiting the Employee Benefits website

Up to date employee benefits information is accessible from the employee benefits website located at <http://wdrs.fnal.gov/benefits/index.html>.

The latest information on 2015 open enrollment, OneExchange and Fidelity is available on the website.



Retirement Planning

Thinking about retiring? Planning for retirement?

Visit the [retirement planning](#) section of the employee benefits website for retirement planning tools.

For more information regarding the Jan. 1, 2015 retiree medical changes, go to [2015 Retiree medical changes](#).



Reminder: 2015 open enrollment is October 17-30.

If you have family coverage you need to log into FermiWorks and elect the correct 2015 family coverage tier.

If you would like to enroll in 2015 flexible spending, you need to log into FermiWorks and enroll in 2015 flexible spending.

Employee Benefits

Fermilab provides employees with a comprehensive and affordable benefits program, which includes medical, prescription drug and dental insurance, life insurance, income protection and retirement benefits. The Fermilab Benefits Office administers the Laboratory's benefit programs. The employee benefits website is a tool for the employees to access information regarding the Laboratory's benefit plans.

Frequently Requested Information

[2015 Retiree Medical Changes](#)

[My Current Benefits](#)

[Prime Mail Order Drug Form](#)

[Prime Mail Order Service](#)

News & Updates

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Legally Required Notices

Grandfathered Health Plan

Effective January 1, 2014 none of the plans at Fermi Research Alliance, LLC are "grandfathered health plans" under the Patient Protection and Affordable Care Act (the Affordable Care Act).

Women's Health and Cancer Rights Act (WHCRA)

The Women's Health and Cancer Rights Act (WHCRA), signed into law on October 21, 1998, contains protections for patients who elect breast reconstruction in connection with a mastectomy. For plan participants and beneficiaries receiving benefits in connection with a mastectomy, plans offering coverage for a mastectomy must also cover reconstructive surgery and other benefits related to a mastectomy. When a covered person receives benefits for a mastectomy and decides to have breast reconstruction, based on consultation between the attending physician and the patient, the medical plan must cover: reconstruction of the breast on which the mastectomy was performed; surgery and reconstruction of the other breast to produce symmetrical appearance; prostheses and physical complications in all stages of mastectomy, including lymphedemas. Coverage of these services is subject to the terms and conditions of your health plan, including your plan's normal co-payment, annual deductibles and coinsurance provisions.

Qualified Changes in Status / Changing Your Pre-Tax Contribution Amount Mid-Year

We sponsor a program that allows you to pay for certain benefits using pre-tax dollars. With this program, contributions are deducted from your paycheck before federal, state, and Social Security taxes are withheld. As a result, you reduce your taxable income and take home more money. How much you save in taxes will vary depending on where you live and on your own personal tax situation. These programs are regulated by the Internal Revenue Service (IRS). The IRS requires you to make your pre-tax elections before the start of the election-period year. The IRS permits you to change your pre-tax contribution amount mid-year only if you have a change in status, which includes the following:

- Birth, placement for adoption, or adoption of a child, or being subject to a Qualified Medical Child Support Order which orders you to provide medical coverage for a child.
- Marriage, legal separation, annulment, or divorce.
- Death of a dependent.
- A change in employment status that affects eligibility under the plan.
- A change in election that is on account of, and corresponds with, a change made under another employer plan.
- A dependent satisfying, or ceasing to satisfy, eligibility requirements under the health care plan.

The change you make must be consistent with the change in status. For example, if you get married, you may add your new spouse to your coverage. If your spouse's employment terminates and he/she loses employer-sponsored coverage, you may elect coverage for yourself and your spouse under our program. However, the change must be requested within 30 days of the change in status. If you do not notify the Benefits Office within 30 days, you must wait until the next annual enrollment period to make a change. These rules relate to the program allowing you to pay for certain benefits using pre-tax dollars. Please review the medical booklet and other vendor documents for information about when those programs allow you to add or drop coverage, add or drop dependents, and make other changes to your benefit coverage, as the rules for those programs may differ from the pre-tax program.

Genetic Information Nondiscrimination Act of 2008 (GINA)

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Employees also received these notices electronically. Check your email:

- Health Insurance Marketplace Notice
- Summary of Benefits Coverage

Primary Care Provider

Blue Cross Blue Shield Blue Advantage HMO Medical Plan generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. Blue Cross may designate a primary care provider automatically, until you make this designation. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Blue Cross at 1-800-892-2803 or www.bcbstl.com.

For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from Blue Cross or from your primary care provider in order to obtain access to obstetrical or gynecological care from a health care professional in the medical plan network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Blue Cross at 1-800-892-2803 or www.bcbstl.com.

The Newborn's and Mother's Health Protection Act

The Newborns' and Mothers' Health Protection Act (Newborns' Act) includes important protections for mothers and their newborn children with regard to the length of the hospital stay following childbirth. The Newborns' Act requires that group health plans that offer maternity coverage pay for at least a 48-hour hospital stay following childbirth (96-hour stay in the case of Cesarean section). The Newborns' Act and its regulations provide that health plans and insurance issuers may not restrict a mother's or newborn's benefits for a hospital length of stay that is connected to childbirth to less than 48 hours following a vaginal delivery or 96 hours following a delivery by cesarean section. However, the attending provider (who may be a physician or nurse midwife) may decide, after consulting with the mother, to discharge the mother or newborn child earlier.

HIPAA Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact the Benefits Office.

The Children's Health Insurance Program Reauthorization Act of 2009 added the following two special enrollment opportunities:

- The employee or dependent's Medicaid or CHIP (Children's Health Insurance Program) coverage is terminated as a result of loss of eligibility; or
- The employee or dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP.

It is your responsibility to notify the Benefits Office within 60 days of the loss of Medicaid or CHIP coverage, or within 60 days of when eligibility for premium assistance under Medicaid or CHIP is determined. More information on CHIP is provided below.

Protecting Your Privacy

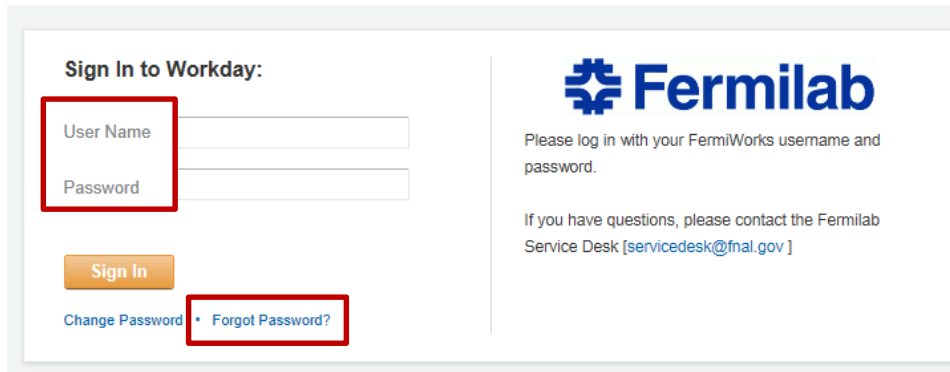
The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires employer health plans to maintain the privacy of your health information and to provide you with a notice of the Plan's legal duties and privacy practices with respect to your health information. If you would like a copy of the Plan's Notice of Privacy Practices, please contact the Benefits Office.

Medicaid and the Children's Health Insurance Program (CHIP) Offer Free or Low-Cost Health Coverage to Children and Families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some states have premium assistance programs that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums. A list of states that offer these programs and information about how to contact them is available on the Benefits page at <http://wdrs.fnal.gov/benefits/notices.html>.

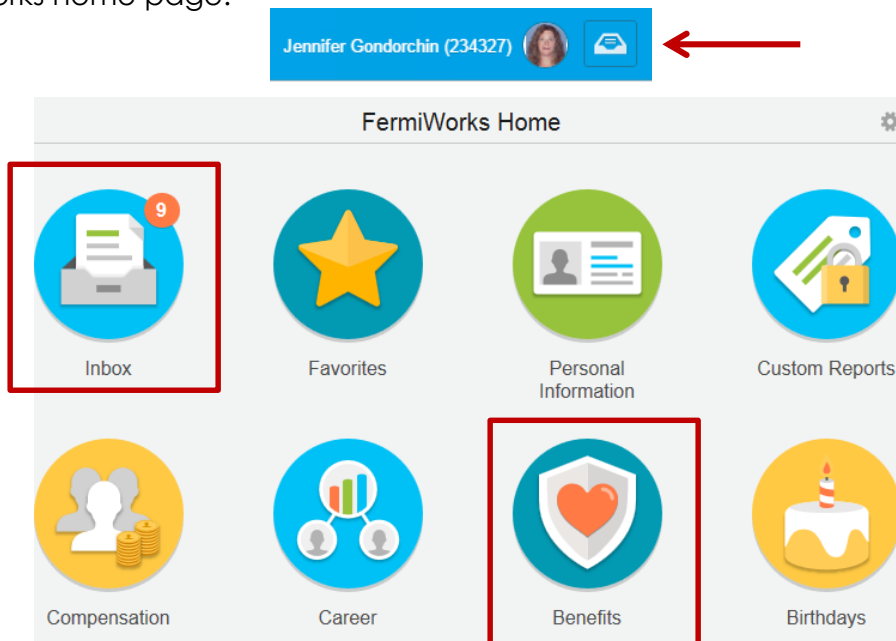
Open Enrollment via FermiWorks

1. Go to www.fnal.gov click on the 'Fermilab at Work' link. Under top links, click on 'FermiWorks' or go to <https://wd5.myworkday.com/fermilab/login.flex>

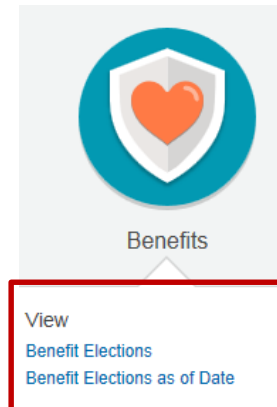


The image shows the 'Sign In to Workday' login page for Fermilab. On the left, there are input fields for 'User Name' and 'Password', both highlighted with red boxes. Below these is an orange 'Sign In' button. At the bottom left, there are links for 'Change Password' and 'Forgot Password?', with the latter also highlighted by a red box. On the right, the Fermilab logo is displayed above the text 'Please log in with your FermiWorks username and password.' Below this, it says 'If you have questions, please contact the Fermilab Service Desk [service@fnal.gov]'.

2. Enter your **user name**. This is your **services user name**. Enter your password. If you can't remember it your password, click on "forgot password" and set of challenge questions that you previously set up will be presented to you. If you have never logged in, you need to contact the service desk at x2345 and request a password be set.
3. You can access your open enrollment event from one of two places. The event will be in your **FermiWorks inbox** in the top right corner of the page or from your FermiWorks home page.



4. If you would like to review your **current benefits** prior to starting your open enrollment event, under the benefits worklet click on **View** and then **benefit elections**.



5. After you open your open enrollment event from your FermiWorks inbox, you will be presented with step 1 of the event. Your 2015 elections will default to your 2014 medical and dental elections. The plans you are not currently enrolled in will default to 'waive'.

Benefit Plan	*Elect / Waive	Coverage	Enroll Dependents
Medical - Blue Cross Blue Shield of IL HMO Blue Advantage	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
Medical - Blue Cross Blue Shield of IL PPO	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Family	
Medical - Blue Cross Blue Shield of IL PPO Premium	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
Dental - Cigna HMO	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
Dental - Cigna PPO	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Family	

Buttons: Continue, Save for Later, Cancel

6. If you want to **change plans**, select **elect** for the new plan. Under the coverage column select your 2015 coverage tier. If you want to **change coverage tiers**, click anywhere in the **box in the coverage column** next to the plan you selected, then click on the **menu button** to see the list of available coverage tiers. When you are done completing this page, click on continue to advance to the next page.

7. If one or more of your dependents does not have a social security number on file, you will receive the below step after you select your medical and dental plans. You can either enter the social security number of the dependent or click on Reason ID is Not Available and enter NA. Click **continue** to advance to the next step.

National ID Type Name	*Identification # / Reason ID is Not Available
Social Security Number (SSN)	<input type="radio"/> Identification # <input type="text"/> <input checked="" type="radio"/> Reason ID is Not Available <input type="text" value="NA"/>
Social Security Number (SSN)	<input type="radio"/> Identification # <input type="text"/> <input checked="" type="radio"/> Reason ID is Not Available <input type="text" value="NA"/>

8. The next step presents you with the opportunity to elect 2015 flexible spending accounts (FSA). Both health care and dependent care will default to waive. If you would like to contribute to either or both accounts, click elect. Enter the amount either annually or per pay period that you want to contribute and then click continue to advance to the next step.

Spending Account Elections 2 items

Benefit Plan	*Elect / Waive	Contributions	Supporting Information
Health Care FSA - Payflex	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Your number of remaining payroll deductions for the year: 12 How much do you want to contribute for the total year?: 0.00 How much do you want to contribute per paycheck (Monthly)? 0.00	Minimum Contribution (Annual): \$25.00 Maximum Contribution (Annual): \$2,500.00 Provider Website: www.healthhub.com
Dependent Care FSA - Payflex	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	Your number of remaining payroll deductions for the year: 12 How much do you want to contribute for the total year?: 0.00 How much do you want to contribute per paycheck (Monthly)? 0.00	Minimum Contribution (Annual): \$25.00 Maximum Contribution (Annual): \$5,000.00 Provider Website: www.healthhub.com

Continue

Save for Later

Go Back

Cancel

9. The next step will show you your current life insurance elections. If you want to change your supplemental life election, click elect and select the amount. You will receive an evidence of insurability step after you submit your open enrollment event. If you want to keep your life insurance elections the same, click continue.

Insurance Plan Dependencies and Coverage Limitations

Insurance Elections 6 items

Benefit Plan	*Elect / Waive	Coverage Level	Covers Dependents	Calculated Coverage	Employee Cost (Monthly)	Employer Contribution (Monthly)	Benefit Credit (Monthly)
Basic Life - Cigna (Employee)	<input type="radio"/> Elect <input type="radio"/> Waive	1 X Salary				\$15.17	0.00
Basic AD&D - Cigna (Employee)	<input type="radio"/> Elect <input type="radio"/> Waive	1 X Salary		\$12,500.00		\$0.26	0.00
Supplemental Life - Cigna (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	4 X Salary			\$29.43		0.00
Dependent Life - Cigna Option A (Spouse 5K, Child(ren) 2K) (Spouse & Child(ren))	<input type="radio"/> Elect <input checked="" type="radio"/> Waive						0.00
Dependent Life - Cigna Option B (Spouse 10K, Child(ren) 4K) (Spouse & Child(ren))	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	\$0		\$0.01	\$1.31		0.00
Long Term Disability - Cigna (Employee)	<input type="radio"/> Elect <input type="radio"/> Waive	60% of Salary			\$18.64	\$5.26	0.00
					49.38	20.69	0.00

Continue

Save for Later

Go Back

Cancel

10. The next step shows your current beneficiaries. Use the plus sign to add a beneficiary and minus sign to delete a beneficiary. Click continue when you are done.

Beneficiary Designations

Benefit Plan	Provider Website	Requires Beneficiary	Beneficiaries	
			*Beneficiary	*Primary Percentage / Contingent Percentage
Basic Life - Cigna (Employee)	www.cigna.com	<input checked="" type="checkbox"/>		
			Jacob Gondorchin	<input type="radio"/> Primary Percentage <input type="text" value="0"/> <input checked="" type="radio"/> Contingent Percentage <input type="text" value="50"/>
			Andrew Gondorchin	<input type="radio"/> Primary Percentage <input type="text" value="0"/> <input checked="" type="radio"/> Contingent Percentage <input type="text" value="50"/>
			Frank Gondorchin	<input checked="" type="radio"/> Primary Percentage <input type="text" value="100"/> <input type="radio"/> Contingent Percentage <input type="text" value="0"/>

11. The next step includes the automatic benefit of the employee assistance program (EAP). If you are interested in long term care through CNA. Please contact the benefits office at benefitsoffice@fnal.gov for more information.
12. After you complete the final step you will be presented with a summary of your elections. Review your elections and click the **I Agree** check box and click the **submit** button. By checking the **I Agree** box and clicking submit you are providing an **electronic signature**. After you click **submit** you will receive a **confirmation statement with the option to print**. Click done to exit the event.

Electronic Signature

I authorize Fermilab to deduct from my paycheck the appropriate contributions, if any, to the employee benefit plans that I have elected. Contributions for medical and dental coverage will be done on a before tax basis. Flexible Spending Account and 403(b) contributions, if applicable, will also be deducted on a before tax basis. All other contributions are post-tax and designated as such on the employee's paycheck. There will be imputed income calculated for basic life insurance as dictated by IRS requirements. I hereby certify that the information I have provided on this form is true and correct to the best of my knowledge.

I Agree ☐

[View Comments \(0\)](#)
[Process History](#)
[Related Links](#)

13. At any point during open enrollment you may go back into your event. You can access the event from the **benefits worklet**. You will see a **Change Open Enrollment** button. Click on the button to open the event.

Benefits

Directory

Career

External Links

[Open an account with Fidelity](#)

View

[Benefit Elections](#)

[Benefit Elections as of Date](#)

Current Cost

2,054.70

Change Open Enrollment

